WIC Materials Order Form

These materials are available from:

Alaska Dept. of Health & Social Services
Office of Children Services-Nutrition WIC
P.O. Box 110612   Phone: 465-3100
Juneau, AK 99811   Fax: 465-3416

Some are available in English (Eng) and Spanish (Sp).
Indicate number of Spanish copies on the first column.
Indicate number of English copies on the second column.

*** WIC Forms & Medical Supplies ***

Date: _____ Local Agency Number: _____

Send To: _____

_____

_____

Phone: _____ FAX: _____

Attention: _____

Application Forms (100/pad)

English:

____ pad(s) **Application for a Breastfeeding/Postpartum Woman (pink)**

____ Pad**(s)** **Application for a Child Short Form**

____ Pad(s) **Application for a Child (yellow)**

____ Pad(s) **Application for an Infant (blue)**

____ Pad(s) **Application for a Pregnant Woman (green)**

____ Pad(s) **Alaska WIC Family Information Form (purple)**

Referral Forms

English:

____ Pad(s) **WIC Referral Form (carbon duplicate - 50/pad)**

____ Pkg(s) **Referral Form for a Breastfeeding/Postpartum Woman (100/pkg)**

____ Pkg(s) **Referral Form for a Child (100/pkg)**

____ Pkg(s) **Referral Form for an Infant (100/pkg)**

____ Pkg(s) **Referral Form for a Pregnant Woman (100/pkg)**

Dietary Assessment Guideline (100/pad)

English:

____ Pad(s) **Dietary Assessment Guideline**

Certification Forms (100/pad)

English:

____ Pad(s) **WIC Certification Form**

Food Lists

Spanish-English:

____ ____ Pkg(s) **WIC Food List – Participants (100/pkg)**

____ Pkg(s) **WIC Food List – Cashiers (50/pkg)**

Pregnancy Weight Records (100/pkg)

English:

____ Pkg(s) **Overweight at Start of Pregnancy**

____ Pkg(s) **Standard Weight at Start of Pregnancy**

____ Pkg(s) **Teen < 19 Years**

____ Pkg(s) **Underweight at Start of Pregnancy**

OTHER

Exam Gloves (100/box)

Purple/non-latex	**Exam Latex**	
____	____ box(es)	**Small**
____	____ box(es)	**Medium**
____	____ box(es)	**Large**

____ Box(es) **MicroCuvettes/Hemocues (200/box)**

____ Box(es) **Mini Lancets (100/box)**

____ Yellow **(Regular)**

____ Orange **(Extra)**

____ Pkg(s) **Alaska WIC Non-Contract Formula Request Form (Formula Substitution Form) (100/pkg)**

____ Pkg(s) **High Risk Nutrition Care Plan: Infants/Children (Yellow – 50/pkg)**

____ Pkg(s) **High Risk Nutrition Care Plan: Women (Pink – 50/pkg)**

____ **50**/pkg(s) **Plastic Bag for Warrant Folder**

____ **50/pkg(s) WIC Warrant Folder**